

July 30, 2014

McMaster University
Hamilton, Ontario

Dear colleagues,

We would like to submit our research article titled **“Expanding Pharmacist Services in Quebec: A Health Reform Analysis of Bill 41 and its Implications for Equity of Finance”** for consideration for publication as a health reform analysis to the Health Reform Observer. Quebec is among the latest provinces to put forth proposals to broaden the role of pharmacists in healthcare. Negotiations between stakeholders regarding pharmacist remuneration in addition to the existing legal mandate for universal drug insurance coverage, are important factors for considering the possible implications of the new law which amends the province’s current Pharmacy Act.

Bill 41 was passed on 8 December 2011 with the aim to increase access to healthcare by addressing physician wait times. It detailed major changes to the responsibilities of pharmacists that allowed them to extend their role to mirror that of physicians (ex: modify prescriptions and order/interpret lab test results). Despite the legislative changes introduced by Bill 41, reform implementation is pending due to disputes between stakeholders regarding pharmacist remuneration. As of August 2013, the government agreed to only provide coverage for the new services for individuals under the province’s drug insurance plan (representing 40% of the population). Those with private health insurance plans would absorb the costs through higher deductibles and premiums. Although elements of reform implementation continue to be under negotiation, we believe this subject, which to date has only been addressed in the media, may have implications for equity of finance and therefore warrants further discussion.

The delivery of medically necessary services by health professionals other than physicians is new territory in Canada. The expanded role of pharmacists mirrors the medically necessary physician services protected under the Canada Health Act. Should the government go through with its proposal to only provide reimbursement for part of the population, the reform would not only duplicate but also de-list these services from the public basket based on the health professional delivering the care and on insurance status (public versus private). We believe our analysis of this reform provides an important and original contribution to this debate. Furthermore, we hope to provide a contextual understanding for those who wish to follow the developments of this reform.

We thank you for your time in considering our research paper.

Sincerely,

A handwritten signature in black ink, appearing to read 'R. Carter', written in a cursive style.

Renee Carter